

# JOURNEY TO CATHOLICISM (JTC) PROGRAM

The JTC program is for:

- 1) **Non-Catholic children** who are being instructed in our faith and have expressed a desire to become a member of the Catholic Church.
- 2) **Catholic children**, who for whatever reason did not celebrate the Sacrament(s) of Reconciliation, First Communion, and/or Confirmation at the appropriate time.

If you wish to enroll your child in the JTC program, the following is required:

- **Complete Registration form**
- **Baptismal Certificate** - If your child has been baptized in the Catholic Church or baptized in another faith, a **copy** of the baptism certificate or proof of Baptism is required.
- **Letter of Permission** - If your family is registered at any Catholic Church **other** than St. Francis of Assisi, your child needs a **Letter of Permission** from the Pastor of your church to receive their Sacrament with their SFA School class. The Permission Letter must also be attached to the registration form when turned in.
- **Attend Parent Meetings** - Parents who have children in this program are required to attend sacramental parent meetings that pertain to your child's sacrament(s). You will receive a calendar with the dates of the meetings you are to attend. The meetings are held in the St. Francis of Assisi Church Parish Life Center. Child care is provided. (**NOTE:** Parents who will be in the Adult JTC Program at St. Francis Church are exempt from this requirement.)

For more information to see if your child should be in the JTC Program, please call Terry Harvey, Director of Religious Education at 756-1213.

## **Important Dates for JTC**

### **March**

31 <sup>st</sup> (Wed)	Practice for Easter Vigil	7:00 pm St. Francis Church Sanctuary
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### **April**

3 <sup>rd</sup> (Sat)	Easter Vigil	7:00 pm St. Francis Church Sanctuary
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## 2009-2010 SFA School Religious Education Registration Form

\*\* 2nd Grade Administrative Fee \$25

\*\* 8th Grade Administrative Fee \$40

\*\* Attach Copy of Baptismal Certificate

\*\* Attach Copy of Permission Letter (if member of another parish)

<b>2nd / 8th / JTC</b>
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<b>Student Info</b>	Last Name: _____ First Name: _____ Middle: _____ Goes By: _____ Suffix: _____ Gender: _____	Age as of 9/30 _____ Grade _____ School Attending: _____ Birth Date: _____ Birth Place _____ Language: _____  Birth Father (First/Middle/Last): _____ Birth Mother (First/Middle/Maiden): _____  Birth Father's Religion: _____ Birth Mother's Religion: _____
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<b>Family Info</b>	<b>Father/Guardian/StepFather:</b> Last Name: _____ First Name: _____ Prefix/Suffix: _____ Work Phone: _____ Cell Phone: _____ Employer: _____	<b>Mother/Guardian/StepMother:</b> Last Name: _____ First Name: _____ Prefix/Suffix: _____ Work Phone: _____ Cell Phone: _____ Employer: _____
Student Resides with: Both Parents _____ Mother _____ Father _____ Guardian _____		
Street Address: _____ City/State/Zip _____ Home Phone: _____ Family Email: _____ Parish Where Registered: _____		
Marital Status: Married _____ Separated _____ Divorced _____ If Remarried _____ Mother <span style="float: right;">Father</span>		
Family Name, if different than Student: _____		
Family Members in Journey to Catholicism (JTC)? Yes _____ No _____ If Yes, Name and Relationship _____		

Grade level of Religious Education student has completed (Circle Each): 3 yr 4 yr 5K 1 2 3 4 5 6 7 8 9 10 11
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## 2009-2010 SFA School Religious Education Registration Form

**SACRAMENTS** Attach Copy of Baptism Certificate or Proof of Baptism

**Baptism**      Baptismal Name : \_\_\_\_\_  
Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

**1st Communion**      Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

**Confirmation**      Date: \_\_\_\_\_  
Performed by: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_

Does Student have any serious or chronic medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain specifically: \_\_\_\_\_  
Is Student taking any medications? If yes, please list: \_\_\_\_\_

I authorize the St. Francis staff to summon emergency medical treatment in the event my child becomes seriously ill or injured, and I further release St. Francis staff, the Diocese of Memphis from any and all liability and waive any claims against them in regard to any accident or injury by participation in any activities of a St. Francis of Assisi program.

I desire that my child receive the Sacrament(s) of Baptism, First Reconciliation, First Eucharist or Confirmation with the parish of St. Francis of Assisi. I will adhere to the norms and requirements of both my child and myself that are necessary for the reception of this sacrament at St. Francis.  
Sacrament(s) being Received: \_\_\_\_\_

	Signature of Parent/Guardian:  _____ Date: _____
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